FOR BOARD OF HEALTH

DATE RECEIVED:

DATE ISSUED:

PERMIT NO. BAPT-

2018 YEAR



APPLICATION FOR A TEMPORARY PERMIT TO PRACTICE BODY ART

CASH CHECK

NORTHAMPTON BOARD OF HEALTH 212 MAIN STREET NORTHAMPTON, MA 01060 (413) 587 - 1214

LICENSE FEE: \$25.00

Non-Refundable Fee

Type of Practice: BODY PIERCING $_{ m O}$ TATTOOING $_{ m O}$ BOTH $_{ m O}$ NEW APPLICANT $_{ m O}$			
Name of Individual: Date of Birth: Gender: Male O Female O Home Address:	Home Phone #:		
Name of Body Art Establishment where currently employed:			
Name of Licensed Body Art Establishment Where Guesting:			
Body Art Establishment Phone #: Dates of Guest Em	nployment:		
NOTE: (A) INDIVIDUALS MUST PRACTICE IN A LICENSED BODY ART ESTABLISHMENT. (B) IF THE INDIVIDUAL PERMIT HOLDER WILL BE PRACTICING BODY ART OUT OF HIS / HER ESTABLISHMENT, A SEPARATE ESTABLISHMENT APPLICATION MUST BE FILED AND A BODY ART ESTABLISHMENT LICENSE OBTAINED.			
NOTE: APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION WITH THIS APPLICATION: (1) TRAINING – List on back, Blood Borne pathogen training, current CPR, First Aid and evidence of 3 years continuous license. Please include copies of certificates and permits. (2) Present Photo I.D. at the Time of Application			
(3) (a) Have you ever been convicted of any criminal offense?(b) Are you currently under charges for any criminal offense?(c) If "YES" to either of the above, give dates, list offenses and charges disposition.	YES O NO O YES O NO O sition(use application back if necessary).		
I declare the above facts are true and complete to the best of my knowledge and belief. I fur misleading answer(s) will be cause for denial or revocation of my Permit to Practice Body Ar	·		

TAX ID or SOCIAL SECURITY NUMBER

Signature of practitioner applying for license

BODY ART PRACTITIONER HISTORY & INFORMATIONAL PAGE

(ALL APPLICANTS MUST complete this page for Board of Health Records).

TRAINING: List all relevant courses taken:

Name of Course Date:		Date:
Institution	Contact/Reference	Phone #
Name of C	Course	Date:
Institution	Contact/Reference	Phone #
Name of C	Course	Date:
Institution	Contact/Reference	Phone #
Name of C	Course	Date:
Institution	Contact/Reference	Phone #
	EXPERIENCE: List all prior Body	Art Experience:
Name of Establishment:	Address	
Date(s) of Employment	Reference:	Phone #
Name of Establishment:	Address	
Date(s) of Employment	Reference:	Phone #
Name of Establishment:	Address	S
Date(s) of Employment	Reference:	Phone #
Name of Establishment:	Address:	:
Date(s) of Employment	Reference:	Phone #
	Criminal Convictions: List all prior crir	minal convictions:
		Date:
	Location:	Date:
	Location:	
		Date:
	Location:	
		Date:
I	Location:	